

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P92000013868

1. Entity Name  
GOLD COAST AIR CONDITIONING INC



**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business: 2400 NW 16TH LANE, POMPANO BCH, FL 33064 US  
Mailing Address: 2400 NW 16 LA, POMPANO BEACH, FL 33064 US



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0393547</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

OLINSKI, GEORGE  
101 GREENBRIER B  
W PALM BEACH, FL 33417

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TURNER, JOHN R
STREET ADDRESS	144 NW 37 WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	OLINSKI, GEORGE E
STREET ADDRESS	101 GREENBRIER B
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UG00000955340  
07/17/08-80001-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R Turner **JOHN R TURNER** 7-15-08 954-968-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #